

FILED FEB 23 1950

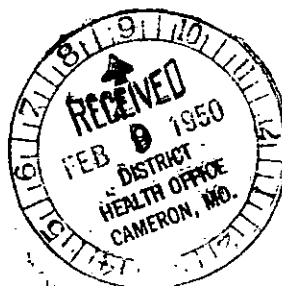
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5347**

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>187</b>  |  | PRIMARY REG. DIST. NO. <b>8440</b>  |  | Registrar's No. <b>16</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Livingston</b><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b><br>c. LENGTH OF STAY (in this place) <b>10 yrs</b><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1515 Webster</b> |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chillicothe</b><br>d. STREET ADDRESS (If rural, give location) <b>1515 Webster</b>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Eva</b><br>b. (Middle) <b>Crews</b><br>c. (Last) <b>Payne</b>   |  | 4. DATE OF DEATH<br>(Month) <b>Jan.</b> (Day) <b>30</b> (Year) <b>1950</b>               |  | 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>Negro</b>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>   |  | 8. DATE OF BIRTH <b>Unknown</b>  |  | 9. AGE (In years last birthday) <b>87</b>   |  | 10. IF UNDER 1 YEAR: Months _____ Days _____  |  |
| 11. BIRTHPLACE (State or foreign country) <b>Unknown</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>9</b>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>  |  |
| 13a. FATHER'S NAME <b>Unknown Hall</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Bolivar Payne</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b> |  |
| 16. SOCIAL SECURITY NO. <b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alonzo Redmon; Chillicothe, Mo.</b>            |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic congestive heart disease</b><br>(b) <b>myocardial infarction</b><br>(c) <b>arteriosclerosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>INTERVAL BETWEEN ONSET AND DEATH<br><b>1 + day?</b><br><b>1 + day?</b><br><b>? years.</b> |  |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 4331  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)  |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  | 22. I hereby certify that I attended the deceased from <b>30 Jan.</b> , 19 <b>50</b> , to <b>30 Jan.</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>30 Jan.</b> , 19 <b>50</b> , and that death occurred at <b>4:45 pm.</b> , from the causes and on the date stated above.  |  | 23a. SIGNATURE <b>Charles M. Grace</b> (Degree or title) <b>M.D.</b>  |  |
| 23b. ADDRESS <b>Chillicothe, Mo.</b>  |  | 23c. DATE SIGNED <b>1 Feb 1950</b>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>2-2-50</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>South Colored</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Missouri</b>               |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Turner</b>   |  | ADDRESS <b>Chillicothe, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>Feb 1-50</b>  |  | REGISTRAR'S SIGNATURE <b>Frances B Neill</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Turner</b>   |  | ADDRESS <b>Chillicothe, Mo.</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

J. M. Gibson

Student Embalmer No. 305

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.